

L22 000058905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

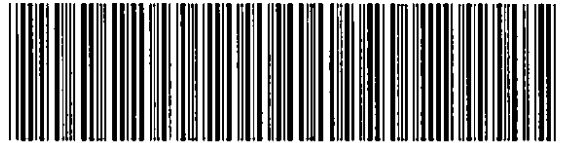
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FILED RECEIVED
2022 MAY 12 AM 10:20
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rivertown Fabrication, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shawn Revell

Name of Person

Rivertown Fabrication, LLC

Firm/Company

10984 NW Judy Drive

Address

Bristol, FL 32321

City/State and Zip Code

srevell01@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawn Revell

850 274-6802
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

Not needed
☒ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2022 MAY 12 AM 10:10

Rivertown Fabrication, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

The Articles of Organization for this Limited Liability Company were filed on 2/3/2022 and assigned
Florida document number L22000058905.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

11867 NW Lake Mystic Road

(Principal office address MUST BE A STREET ADDRESS)

Bristol, FL 32321

Enter new mailing address, if applicable:

11867 NW Lake Mystic Road

(Mailing address MAY BE A POST OFFICE BOX)

Bristol, FL 32321

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	SHAWN REVELL	10984 NW JUDY DRIVE	<input type="checkbox"/> Add
		BRISTOL, FL 32321	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TIMOTHY DAVENPORT	11867 NW LAKE MYSTIC ROAD	<input checked="" type="checkbox"/> Add
		BRISTOL, FL 32321	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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